

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101568,036

FILING DATE

2-13-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		3				
5		3				
6		3				
7		1				
8		1				
9		1				
10		1				
11	1					
12	1					
13	1					
14	1					
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49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	19	←		←		←
TOTAL CLAIMS	21	QR CODE	QR CODE	QR CODE	QR CODE	QR CODE

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS	21	QR CODE	QR CODE	QR CODE	QR CODE	QR CODE